

MONTANA STATE ELECTRICAL BOARD
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Helena MT 59620 - 0513
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Website: <http://www.electrician.mt.gov>

Montana State Electrical Contractor's License Application

(Please allow 14 days for processing from the date that the Board has received your complete application)

FEE: \$250.00 (Upon issuance, this license will expire July 15th on even years)

- ☐ Payment by check or money order (Do not send Cash)
☐ Payment by e-check or credit card (Master Card or Visa only)

Page 1 and 2 must be complete before the application can be processed. All incomplete applications will be returned. The application must be accompanied with the \$250.00 fee, proof of compliance with workers compensation and unemployment insurance (406-444-3606) or an independent contractor exemption (406-444-9029).

Please Note: The Montana responsible electrician's license determines the level of the contractor's license and what electrical work can be performed. An **unlimited electrical contractor** license will require a **master electrician** and allows the electrical contractor to **perform residential and commercial work**. A **limited electrical contractor** will require a **journeyman electrician** and limits the electrical work to **residential construction consisting of less than five living units in a single structure**.

☐ UNLIMITED ELECTRICAL CONTRACTOR ☐ LIMITED ELECTRICAL CONTRACTOR

1. NAME _____
Print actual name under which the electrical contracting business will be conducted.
2. FEDERAL ID # _____ or SSN# _____
3. Address _____
City State Zip Code
4. Telephone # _____ Fax # _____
5. Has this business ever been previously licensed by this Board? ☐ YES ☐ NO
If yes, provide the license number _____
6. Business Owner(s) _____
Name
Address _____
City State Zip Code
- Business Owner(s) _____
Name
Address _____
City State Zip Code

7. Is your business or business name registered with the Secretary of States Office ☐ Yes ☐ No
(Secretary of States contact information: telephone: 406-444-3665 or website: www.sos.mt.gov)

INSURANCE REQUIREMENTS: You must have the necessary proof of compliance attached.

As per 24.141.505(1)(a), Administrative Rules of Montana (ARM), you must have the following:

1. Proof of workers compensations insurance and unemployment insurance coverage. Insurance coverage must be valid in Montana. **Please attach proof of coverage.**

OR

2. Proof of a current independent contractor's exemption.
Please attach a copy of the independent contractor exemption.

ACKNOWLEDGMENT OF RESPONSIBILITY: The responsible electrician must sign below.

I, _____
Print Name

DO HEREBY DECLARE the following:

I am the ☐ master ☐ journeyman of record for the business listed on page one of this application.

My license # is _____

I am actively engaged in a full time capacity for the electrical contracting firm listed on page one of this application and not engaged as a responsible electrician for any other electrical contractor.

I hereby assume all responsibility for the planning, laying out, and shall supervise all electrical work performed from this day forth until I shall have notified the Montana State Electrical Board or its legally appointed representative in writing of the cancellation of this agreement.

I further agree that all work performed under my supervision will comply with all Department rules and regulations. I understand any violation of this could result in administrative penalties or in action taken against the above noted license, as stated in Montana statutes.

Signature _____ Date _____

For this service the Business Standards Division now accepts credit card payments using either Master Card or Visa or an electronic check **(please do not send cash)**. You may fill in the appropriate form below to submit payments. **This document will be destroyed after the payment is processed.** For a complete list of services for which the division accepts credit card payments or e-checks, please see: <http://discoveringmontana.com/dli/bsd/forms.asp>.

Please check method of payment:

☐ **Visa**

☐ **MasterCard**

Amount to be billed: .

Credit Card #:

Expiration Date: /

Name of person or business on Card: _____

Important: This transaction will appear on your credit card statement as: **Discoveringmontana-SC.**

☐ **Checking** or ☐ **Savings**

☐ **E-Check**

Name (First, Last): _____

Name of Bank: _____

Routing Number: _____

Account Number: _____

Amount to be billed: .

Important: This transaction will appear on your bank statement as an electronic transaction with the words: **Montana Interact BSD-VT.**



PAID FOR (NAME OF APPLICANT):

LICENSE TYPE:

If faxing an application, please use a black pen only.

Fax (406) 841-2309

To view if a license has been issued, please go to www.licenselookup.mt.gov